

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09615570	FILING DATE 04-29-00					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		6		6		TOTAL IND.						
TOTAL DEP.	15		14		59		TOTAL DEP.						
TOTAL CLAIMS	21		20		65		TOTAL CLAIMS						

PTO-1300 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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